


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 556569

1. Entity Name
JM CLEARWATER CORPORATION



Principal Place of Business Mailing Address

2259 COSTA RICAN DR
APT 9
PALM HARBOR, FL 34683

2259 COSTA RICAN DRIVE APT 9
CLEARWATER, FL 33763



01192006 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-1786255

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PFAUTH, MARTHA
2259 COSTA RICAN DRIVE APT 9
CLEARWATER, FL 33763

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000471119
03/28/06-80040-010 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------------|
| TITLE | P |
| NAME | PFAUTH, MARTHA |
| STREET ADDRESS | 2259 COSTA RICAN DRIVE APT 9 |
| CITY-ST-ZIP | CLEARWATER, FL 33763 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Martina Pfauth MARTHA PFAUTH Date: 3/17/06 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR